

## REQUEST FOR COVID-19 LEAVE

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Department

**I am requesting COVID-19 leave because:**

1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
2. I have been advised by a health care provider to self-quarantine related to COVID-19.
3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.
4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2).
5. I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.
6. I am experiencing a “substantially-similar condition” (as specified by the U.S. Department of Health and Human Services).

Return completed form to your Elected Official/Department Head.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Elected Official/Department Head Signature

\_\_\_\_\_  
Date